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Navy & Marine Corps Medical News

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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

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Headline: Honduran hurricane victims stabilized with Navy medical help

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- The people of Honduras who are within the sound of LCDR Paul Hammer's radio broadcast have reason for hope. In a program directed to the Hondurans who suffered death and devastation from Hurricane Mitch, Hammer, a Navy psychiatrist, tells those near radios how courageous, resilient and tough they are and that given time they could recover and do well.

Hammer's message in the almost two hour radio show included the head of the Honduras psychiatric association and the head of the department of mental health for the Honduran ministry of health.

Hammer emphasized that people who are traumatized need an opportunity to talk and that friends who want to talk should be allowed an opportunity to do so.

People need to tell their story, tell what they thought and felt about the event. According to Hammer, they must have the opportunity to ventilate their feelings.

Participation in the radio program was a continuation of medicinal and psychological relief brought by members of Navy medical teams to Honduras. They are part of an American Joint Task Force providing everything from bridges and shelter construction to food, water, clothing and medical aid for thousands and thousands of homeless and starving Hondurans.

"I also emphasized that disasters can disrupt community

bonds and that what was destroyed was the physical representations of the community and not the community itself," Hammer said. "People should concentrate on rebuilding the bonds of community between themselves as they rebuild the structures."

People who listened to the show needed the morale boost Hammer's message provided. He told them "they were normal people, having normal reactions to an abnormal event and that they should expect to recover and prosper."

The response was great. According to Hammer many people called in and expressed gratitude for the show and encouraged more like it.

Since arriving in Honduras, the Special Psychiatric Rapid Intervention Team has been working closely with an Army medical detachment to assess and develop the mental health interventions that the Honduran ministries of health and education wanted.

"We have met with members of the ministries and they were eager to hear about our experiences and expertise as well as what we had to offer," Hammer said. "We developed two training packages. One for adults and one for children and we have trained over 80 Honduran mental health professionals (psychologists and psychiatrists). We are currently completing training of over 200 teachers and others who work with children. They are the cadre of trainers who will go out into the eight national health regions and train others who will provide the needed interventions."

Hammer said that his team was also assessing the mood and general mental health of the population. At first, the priority of the Joint Task Force was basic needs such as food, water, road clearing and basic medical care. Now the medical part has received a higher priority as basic needs are met and roads and communications are being restored.

The Joint Task Force medical element will be increasing its medical missions to areas designated by the Honduran government. Navy preventive medicine and SPRINT mental health elements will be part of that initiative.

Lieutenant Jonathan Deinard, NC and Hospital Corpsman Second Class Thomas Twigg developed a quick screening questionnaire to determine the mental health impact of the disaster and the needs of the population. They traveled with local water and food runs to the towns near Soto Cano Air Base, gaining valuable insight. They discovered that the mood and mental health of the Hondurans are generally good, despite the traumatic event.

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Headline: Corpsman saves shipmate from fatal illness

By LT K. C. Marshall, MC, USS Benfold (DDG 65)

SAN DIEGO - Chief Hospital Corpsman, Reese Olger, a 17-year veteran and member of USS Benfold (DDG 65) crew proved that he knows his job. And a crewmember of the Benfold is grateful for the chief's ability.

Olger, a native of East Lansing, Michigan, thought he had a

routine flu case on his hands when the crewmember reported to sick call. The Sailor complained of flu-like symptoms: severe headache, dehydration, chills, nausea and an aching back and neck. After a more in-depth examination, the patient showed potential signs of meningitis, but several key indicators of the disease were absent.

After consulting with the medical officer from nearby USS Bridge (AOE 10), Olger decided to take the Sailor to a local hospital for full testing. The emergency room physician was skeptical of the meningitis because of the absence of several symptoms. However, tests quickly revealed that the patient was suffering from a very rare strain of meningitis. Though not highly contagious, it attacks the nervous system with such severity that it can produce irreversible damage if not treated quickly.

With that diagnosis, the Sailor was placed in intensive care in guarded condition and immediately given an intense dosage of antibiotics to combat the illness.

Upon seeing that his shipmate was receiving the proper treatment, Olger returned to the Benfold and began to treat the crew with preventative medications. Olger's quick actions saved not only the ill shipmate, but also prevented others from the possibility of contracting the serious disease. Although deemed a hero by the captain and crew of his ship, Olger says that his quick response and insight was simply a direct result of his training.

"At Independent Duty Corpsman School, we're trained to have a high degree of suspicion in all cases. A situation like this happens once in a career, but you still have to be ready for it." He also commented that "the pats on the back have been great, but I'm really just doing my job."

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Headline: Navy Medicine: A Family Tradition

By LT Kyra Hawn, USN, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Every day, many of the staff at Naval Medical Center Portsmouth, Va., commute to and from work. For two NMCP staff members, their carpooling relationship extends far beyond the twenty-minute drive to and from work each day.

Myron and Nathan Almond are Naval officers assigned to the medical center, but in spite of their professional relationship, most of their acquaintances know them better as father and son. Myron has served as a Naval officer for over twenty years. His career began in the nuclear power program, and in 1977 he was accepted to the Uniformed Services University of Health Sciences to pursue his goal of becoming a doctor.

Myron's son, Nathan grew up in a Navy family, and his career ambitions as a young boy ranged from becoming a baker or a soccer player to a professional clown; the one thing that remained certain was his desire to work with children. He learned to juggle at a young age, and enjoyed using his talent to draw out children's personalities. His most memorable performance was the day he juggled for a group of children at a

local hospital. Now, Nathan is a third year medical student on track to become a pediatrician when he graduates from USUHS in 2000.

"I have fond childhood memories of Tiger Cruises with all of the ice cream you could eat and movies all day long, but my father never pressured me to become a doctor or to join the Navy," said Nathan. " They were my own decisions, and I know that being a Navy doctor means dedicating yourself to a career."

Nathan's assignment to NMCP was part of the hands-on training he has received as a medical student. While most of his time in the Navy has been spent in Bethesda, Md., at USUHS, he enjoyed the opportunity to return to the Hampton Roads area. "It's nice to be able to share rides to work with my father, and dinners with my parents and my sister who lives locally," said Nathan. In addition to exchanging professional ideas, the family enjoys the luxury of sharing Navy experiences. "I don't know how my parents did it...medical school is difficult enough without any children - I am so amazed that they did it with three!" remarked Nathan. "My mom has been a great help to my wife Rebekah. My parents have always been a living example to follow, in marriage and now in my professional career."

After twenty years as a Naval flight surgeon on platforms such as USS John F. Kennedy (CV 67), USS Abraham Lincoln (CVN 72) and USS George Washington (CVN 73), Capt. Myron Almond decided it was time for a change. While stationed at the Naval Safety Center in Norfolk, Va., Capt. Almond traveled to ashore and afloat commands to brief Navy leaders and Sailors on the subjects of substance abuse and suicide.

Because of the grim nature of these topics, Capt. Almond earned the nickname "Doctor Death," and used this reputation to his advantage by adding humorous anecdotes to very serious topics. "I enjoyed what I was doing, and thought that I could continue to help the Navy by becoming a psychiatrist," stated Almond.

Consequently, when most officers of his rank would be contemplating retirement, Capt. Almond embarked upon the next phase of his career. After nearly twenty years, he returned to USUHS and reacquainted himself with the anticipation, frustration and anxiety of board exams and late shift duty every fifth night. As a psychiatry resident at NMCP, he feels that the hardest thing about returning to the hospital environment was the amount of paperwork and documentation required as well as learning about the variety of new and improved medications and technology available.

"No where else would I be given the time or opportunity to go back for additional training at this point in my career," Almond said. "I hope to keep doing this as long as the Navy will let me."

Both of the Almonds agreed that the most appealing aspect of Navy medicine is the camaraderie, esprit de corps and the unlimited number of people willing to provide help or guidance at any time. The Almonds are no exception to this fine

tradition. Riding in the elevator with Nathan Almond, another physician asked "You're Doctor Almond's son, aren't you? He has your picture on the wall in his office. He's a great person." Nathan very humbly replied "Yes, he's my father. I have his picture on my wall too; and I think he's pretty great as well."

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Headline: Happy TRICARE customer speaks out  
By LT Rick Haupt, USN, TRICARE Region Nine

SAN DIEGO - Nancy Bagwell is a happy TRICARE customer, and she's not one bit shy about letting people know it. "I've had a great experience with the TRICARE and CHAMPUS programs," she said. "I never had any problems getting appointments and the care I needed." And Bagwell has needed appointments. Bagwell's health challenges in recent years include several allergies and asthma, which have at times led to bronchitis. In 1996, she had a cataract removed from an eye at Naval Medical Center San Diego, and in 1997 she had back surgery by a civilian network physician. "I've had great service, both in the civilian network and the military system," she said. "I always liked the military hospitals when my husband was on active duty, and I still like going to them." But Bagwell also likes the convenience of her neighborhood primary care manager, Dr. Gordon Lillie. She's seen Lillie since 1985 under standard CHAMPUS, and continued seeing him under CHAMPUS Prime as a part of the CHAMPUS Reform Initiative that commenced in 1989 in southern California. CRI was a demonstration program that was the forerunner to TRICARE and proved the effectiveness of integrating the military's direct care system with CHAMPUS. "Everything Dr. Lillie requested for me has been approved," she said. "It didn't matter whether he sent me to a civilian specialist or one over at the Navy hospital." Bagwell likes getting her prescriptions filled for free at the Navy pharmacies, and she also appreciates the low copayments for durable medical equipment through the civilian network. "I got my outdoor walker - which was quite expensive - for only \$32," she said. "Can't complain about that." Bagwell, 64, recently attended a TRICARE Senior Prime briefing in early September at Marine Corps Air Station Miramar and hopes the Medicare subvention demonstration will be converted into a nationwide program. "I think it's great," she said. "I hope they continue it beyond [the year] 2000."

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HEADLINE: Lebanese armed forces medical leader tours Great Lakes  
From: Naval Hospital Great Lakes

GREAT LAKES, Ill. - Navy medicine recently had the

opportunity to provide international assistance in American military medical procedures, when Col. Bahji Abou-Chakra, a medical administrator from the Lebanese armed forces spent three days touring Naval Hospital Great Lakes and its Branch Clinics to review medical techniques that could be used in the Lebanese Army.

Abou-Chakra explained that his country has the medical manpower, but lacks efficient managerial techniques to effectively allocate scarce medical resources. The colonel was also visiting to assess how the hospital processes Navy recruits and how same-day surgery works at the hospital. CAPT James Scaramazzino, MSC, Naval Hospital Great Lakes, and Executive Director of the International Health Resources Management Program coordinated the tour. Scaramazzino emphasized the importance of this visit.

"Lebanon is a land recovering from the devastating effects of the civil war and is going through a period of reconstruction," he said. "The Lebanese are trying to model their medical assets to deal with 300,000 active duty members and their dependents."

Abou-Chakra's three-day visit was a brief tutorial in the operation of a Navy hospital. He visited the recruit training command side of the base and various clinics. Each stop provided more information about hospital operation including Immunizations procedures, how glasses were fitted and manufactured, dental examinations and use of the SMARTCARD.

At the hospital, LTJG Heather Nohr, NC, gave a presentation on the procedures of the same-day surgery ward. Abou-Chakra's interest also included post-operative and pre-operative care and the support the same day surgery ward gives the surgeon. In the Intensive Care Unit, LTJG David Noland, NC, described procedures of the recovery room and how ICU integrates with the same-day surgery ward in the continuum of care. The Colonel was highly impressed with the efficiency of the hospital's blood collection program and was surprised to learn that Naval Hospital Great Lakes provided 140 units of blood to aid the victims of the embassy bombings in Kenya and Tanzania. As a wrap-up to his tour, Abou-Chakra was given several Standard Operating Procedures for different activities throughout the hospital. Before departing, Abou-Chakra invited members of the Great Lakes team to visit Lebanon and assist in the re-constitution of his country's military medical system.

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Headline: There's still time to start, change civilian health plan

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Federal civilian employees have until Dec. 14 to enroll in a health plan for 1999. That's when the annual open season ends.

If you already are enrolled in one of the hundreds of plans available under the Federal Employees Health Benefits Program, your provider should have sent you a brochure and renewal form.

If you're not currently in a plan, your personnel office should have provided you a guide to the 1999 program and enrollment forms.

The guide, forms and other information, including answers to frequently asked questions, are also available on the Office of Personnel Management Web site at

<http://www.opm.gov/insure/html/about.html> and

[www.opm.gov/insure/html/about.html](http://www.opm.gov/insure/html/about.html).

Federal employees, retirees and their survivors can choose from a nationwide selection of plans. Options include health maintenance organizations, point-of-service plans and managed fee-for-service plans.

Health maintenance organizations typically provide broad coverage for a premium and small, fixed copayments. In return, you select a participating doctor to be your primary care provider and to refer you to participating specialists. Other than for emergency care, HMOs usually won't pay for health care you receive from nonmember doctors.

Point-of-service plans are cheapest when you use doctors in the plan's network. On those occasions you're willing to pay more, however, you can use any doctor you like and see specialists without referrals.

Fee-for-service plans provide you the widest choice of doctors -- you choose the ones you want and see specialists without referrals. They charge a premium and, after an annual deductible, cover a percentage of your costs -- usually 75 percent to 80 percent. Many also offer a preferred provider organization that can cut your out-of-pocket expenses. Some plans require that you join the sponsoring organization.

Others limit enrollment to certain employee groups.

Some things to consider when exploring the available plans include:

- Cost. How much is the premium and how often is it due? How much are "extras" -- emergency room visits, well-child care and deductibles, for example? Does the plan feature a mail-order pharmacy option, which usually cuts prescription costs significantly? Does the fee-for-service plan you want include a network of preferred providers?

- Coverage. Make sure the plan meets your and your family's needs. For example, if you are over 65 does the plan coordinate with Medicare? If you're planning to have children, does it have a prenatal program? What and how much catastrophic coverage does the plan provide? Does the plan cover dentistry and, if so, to what extent?

- Quality. The Office of Personnel Management recommends you learn as

much as possible about a health plan before enrolling. Talk to plan administrators and providers. If you're considering a health maintenance organization, is it nationally accredited? Find out from co-workers what they like and dislike about their plans. Use the comparison chart at your personnel office and on the Internet at

<http://www.opm.gov/insure/99/states/index.html>

[www.opm.gov/insure/99/states/index.html](http://www.opm.gov/insure/99/states/index.html) for information about

each plan and its performance and management. All plans under the federal program contain improvements for 1999. These include direct access to women's health care providers for nonemergency services, and frequent specialist care for persons with complex or serious medical conditions.

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Headline: TRICARE question and answer

Question: I am thinking about converting to TRICARE Prime. What can you tell me about TRICARE that would make me want to join?

Answer: If you live in an area where your TRICARE contractor has established a network of providers of care, you and your family can receive comprehensive health care benefits by enrolling in TRICARE Prime. You'll have a specific doctor (or a team of health care providers) managing your care. You'll get guaranteed, timely access to the care you need. When you enroll in TRICARE Prime, your primary care manager (PCM) doesn't just treat you when you get sick -- he or she works with you, to keep you healthy. Before TRICARE Prime, military medicine was focused on treating those who were sick or injured. That mission hasn't changed -- but now, in addition, your TRICARE health-care provider is also committed to sharing with you the responsibility for helping you stay well. The focus will be on preventive care, such as immunizations, mammograms, etc., to keep you and your family healthy. Nationwide, TRICARE has more than 1,975 hospitals, 123,000 providers and 22,000 pharmacies in its network to better serve you. Other good things about TRICARE include:

- "Portability" of your health care benefit (you can take it with you when you PCS)
- No limits on care for "pre-existing" conditions
- No upper limits on the pharmacy benefit, unlike many private plans
- TRICARE is "patient-focused" and "readiness-driven" health care for the military family -- it's a benefit worth having.

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Headline: Healthwatch: Flu, Cold Season Nothing to Sneeze at  
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Ah-choo! Gesundheit. That's right. The cold and flu season is upon us. The bad news is, you may find it impossible to completely avoid. The good news is you can help yourself try to avoid getting the seasonal sickness and treat yourself if you do succumb -- up to a point: See a doctor if you get sick and don't get better in a few days after healthy doses of water, chicken soup, sleep, soap operas and endlessly repeated "news." If that cough you began disrupting your work place with a week ago hasn't gotten any better, get thee to a doctor. Doctors can help you when you can't help yourself, and you should let them, says one of their -- and our -- own, Army Dr. (Maj.) Roberto Nang. We all know what we're supposed to do to



avoid and treat flu and colds; it's common sense, he said. But just in case you're willing to tempt fate and infect your office or family, he offers good reasons for greater prudence, bolstered by experience.

And Nang should know -- physician, soldier, human being. As program manager for disease and injury control at the Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, Md., he has a handle on your hurt.

More good news from the good doctor: It's not too late to get a flu shot if you haven't yet. "The start of the flu season is when the cold weather hurts," Nang said. "That's when you should get your flu shot."

That begs the question, should you get one? For most service members, it's a moot point: Your top sergeant or chief says go get a shot, and you go. But the vaccines are especially important to those who are more susceptible to complications if they contract flu -- namely, young children, people over 65 and those with chronic breathing or circulatory problems. Nang suggests it's smart medicine to get the annual shot no matter your age or health. Here's why:

"Many different strains of flu occur throughout the United States and the world," Nang said. "The current flu vaccine is created to anticipate prevention of the most prevalently circulating flu strains." The two viruses roaming the globe this year and looking to knock you down a notch are dubbed Types A Sydney and B Beijing. Why leave yourself vulnerable when science has developed a customized, tested vaccine to meet the latest threat head-on?

For the aforementioned susceptible to complications who need more incentives, Nang offers this: "There is a possibility that they could easily contract bacterial infection, strep pneumonia, for example. One of the biggest killer epidemics in the world occurred in 1918 and 1919, when millions worldwide died from the flu."

So, get your shot, Nang said. If you're not sure when and where it's available, consult with the health care provider you routinely use or the one nearest you. Shots, he said, are the No. 1 way to prevent flu. Colds are a different story. Some 200 different cold viruses are lurking about -- too many for scientists to develop a vaccine. Nang said your best defense is to keep up a good defense. Here's how:

"Keep yourself three to five feet away from coughers. If you can't, try to turn your back a little or keep your eyes and nose away from them." Nang said cold and flu germs are often projected by coughs and sneezes and enter your body through your eyes and nose.

You may also come into contact with the germs through touch -- shaking hands with an affected person, even handling a doorknob or faucet someone with the virus touched before you. It isn't that the germs penetrate your skin. What they do is hopscotch when you later touch your mouth, nose, eyes -- or touch something else that does, such as utensils, a glass or a tissue.

"Washing your hands will help you keep from spreading the

virus and from coming down with it," Nang said.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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